



Application for Rubbish Removal Permit

Date: _____

Fee: \$50.00

Name of Business: _____

Business Address: _____

Mailing Address (if different): _____

Name and Title of Applicant: _____

Address of Applicant: _____

Name of Owner (if different): _____

Business Phone Number: _____ Business Email: _____

Other Emergency Contact Number of Responsible Party: _____

List Disposal Sites to be Used: _____

Recyclables Processing Facility: _____

I have received, read and agreed to the attached Rules and Regulations for Removal, Transport and Disposal of Solid Waste or Recyclables in The Town of Monson.

Signature of Company Official

Printed Name

Date

****LICENSE WILL NOT BE ISSUED UNLESS ATTACHED CERTIFICATION CLAUSE FOR STATE TAXES IS SIGNED BY THE APPLICANT.**

BOARD OF HEALTH USE ONLY

Permit No. _____

Permit Approved / Denied Date: _____

If denied, reason: _____

Fee amount and date collected: _____

Building And Promoting A Healthy Community

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